

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**Northern District of New York**

Case number (*If known*): \_\_\_\_\_ Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

**Official Form 101**

**Voluntary Petition for Individuals Filing for Bankruptcy**

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Heidi**

First name

**Lynn**

Middle name

**Benjamin**

Last name

Suffix (Sr., Jr, II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First name

Middle name

Last name

Suffix (Sr., Jr, II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

**Heidi**

First name

Middle name

**Sicari**

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 9 1 8 3

OR

9xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9xx - xx - \_\_\_\_\_

Debtor 1

**Heidi Lynn Benjamin**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Your Employer Identification Number (EIN), if any.**

— - - - -

— - - - -

EIN

EIN

— - - - -

— - - - -

EIN

EIN

**5. Where you live**

**435 Sweetman Road**

Number Street

Number Street

— - - - -

— - - - -

**Ballston Spa, NY 12020**

City State ZIP Code

City State ZIP Code

**Saratoga**

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

— - - - -

— - - - -

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

**6. Why you are choosing *this* district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408)

— - - - -  
— - - - -  
— - - - -  
— - - - -

— - - - -  
— - - - -  
— - - - -  
— - - - -

Debtor 1

Heidi

Lynn

Benjamin

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. How you will pay the fee

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No.

Yes. Debtor Francis G. Sicari Relationship to you Former Spouse  
District Northern District of New York When 11/19/2024 Case number, if known 24-11288  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

**Heidi Lynn Benjamin**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 3: Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_

Number Street

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor*?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines.* If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
 Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

**Heidi Lynn Benjamin**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes. What is the hazard? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the property?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1

Heidi Lynn Benjamin

First Name

Lynn

Middle Name

Benjamin

Last Name

Case number (if known) \_\_\_\_\_

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

**Heidi Lynn Benjamin**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 6: Answer These Questions for Reporting Purposes

16. <b>What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."			
	<input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.			
	16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.			
	<input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.			
	16c. State the type of debts you owe that are not consumer debts or business debts. <hr/>			
17. <b>Are you filing under Chapter 7?</b>	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
18. <b>How many creditors do you estimate that you owe?</b>	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> More than 100,000
19. <b>How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input checked="" type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion	
20. <b>How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion	

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Heidi Lynn Benjamin

Heidi Lynn Benjamin, Debtor 1

Executed on 07/23/2025  
MM/ DD/ YYYY

Debtor 1

**Heidi Lynn Benjamin**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X** /s/ Elizabeth Fairbanks-Fletcher  
Signature of Attorney for Debtor

Date 07/23/2025  
MM / DD / YYYY

**Elizabeth Fairbanks-Fletcher**

Printed name

**Fairbanks Fletcher Law PLLC**

Firm name

**178 Elm St Ste 4**

Number Street

**Saratoga Springs**

City

**NY**

State ZIP Code

Contact phone (518) 581-8600

Email address elizabeth@fairbanksfletcher.com

**513317**

Bar number

**NY**

State

Fill in this information to identify your case:

Debtor 1	<b>Heidi</b> First Name	<b>Lynn</b> Middle Name	<b>Benjamin</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern District of New York</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

#### Part 1: Summarize Your Assets

##### Your assets

Value of what you own

##### 1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<b>\$831,690.00</b>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<b>\$109,921.89</b>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<b>\$941,611.89</b>

#### Part 2: Summarize Your Liabilities

##### Your liabilities

Amount you owe

##### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<b>\$2,085,360.00</b>
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##### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<b>\$106,401.01</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<b>+ \$164,868.87</b>

##### Your total liabilities

**\$2,356,629.88**

#### Part 3: Summarize Your Income and Expenses

##### 4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<b>\$981.67</b>
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##### 5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<b>\$5,367.00</b>
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Debtor 1

**Heidi** **Lynn** **Benjamin**

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First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

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**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

---

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

---

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

---

9d. Student loans. (Copy line 6f.)

---

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

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9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \_\_\_\_\_

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9g. **Total.** Add lines 9a through 9f.

Fill in this information to identify your case and this filing:

Debtor 1	<b>Heidi</b>	<b>Lynn</b>	<b>Benjamin</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>Northern</b>		District of <b>New York</b>	
Case number _____			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 **55 3rd St.**

Street address, if available, or other description

**Troy, NY 12180**

City State ZIP Code

**Rensselaer**

County

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other **Commercial**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$831,690.00**

Current value of the portion you own?

**\$831,690.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee**

Check if this is community property (see instructions)

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Source of Value: **Zillow less costs**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here ..... →

**\$831,690.00**

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1 Make: <u>Mini</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
Model: <u>Cooper Countryman S</u>	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
Year: <u>2023</u>	<input type="checkbox"/> Check if this is community property (see instructions)	<b>Current value of the entire property?</b> <u><b>\$22,566.00</b></u> <b>Current value of the portion you own?</b> <u><b>\$22,566.00</b></u>
Approximate mileage: <u>46203</u>		

#### Other information:

**VIN: WMZ83BR02P3P54762**

If you own or have more than one, describe here:

3.2	Make: <u><b>GMC</b></u>	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .
	Model: <u><b>Sierra K2500 Denali</b></u>	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	Year: <u><b>2022</b></u>		<b>Current value of the entire property?</b> <u><b>\$51,416.00</b></u>
	Approximate mileage: <u><b>67861</b></u>	<input type="checkbox"/> <b>Check if this is community property</b> (see instructions)	<b>Current value of the portion you own?</b> <u><b>\$51,416.00</b></u>

#### Other information:

**VIN: 1GT49REY9NF269497**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

Yes

4.1 Make: _____	<b>Who has an interest in the property?</b> Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .
Model: _____	<input type="checkbox"/> Debtor 1 only	
Year: _____	<input type="checkbox"/> Debtor 2 only	
Other information: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<b>Current value of the entire property?</b> _____
	<input type="checkbox"/> At least one of the debtors and another	<b>Current value of the portion you own?</b> _____
	<input type="checkbox"/> <b>Check if this is community property</b> (see instructions)	

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here .....

**\$73,982.00**

### Part 3: Describe Your Personal and Household Items

**Do you own or have any legal or equitable interest in any of the following items?** **Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

## 6. Household goods and furnishings

*Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe. ....**Household goods and furnishings****\$4,360.00**

## 7. Electronics

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe. ....**Household electronics including TVs, cellphone, computer, printers****\$3,310.00**

## 8. Collectibles of value

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe. ....**\_\_\_\_\_**

## 9. Equipment for sports and hobbies

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe. ....**\_\_\_\_\_**

## 10. Firearms

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe. ....**\_\_\_\_\_**

## 11. Clothes

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe. ....**All clothing for one adult woman****\$500.00**

## 12. Jewelry

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe. ....**Wedding ring, other misc jewelry****\$600.00**

13. **Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe. ....**2 dogs, 1 rescue cow named "Mae"****\$500.00**14. **Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information. ....15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** ..... →**\$9,270.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
**Do not deduct secured claims or exemptions.**

16. **Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes .....

Cash: .....

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes ..... Institution name:

**Broadview Federal Credit Union - Family account;  
balance shown represents Debtor's 1/3 ownership.**

17.1. Checking account:	<u>Account Number: 0359</u>	<u>\$155.53</u>
17.2. Checking account:	<u>Account Number: 6615</u>	<u>(\$4,389.77)</u>
17.3. Checking account:	<u>Account Number: 2450</u>	<u>(\$1,644.50)</u>
17.4. Checking account:	<u>Account Number: 7642</u>	<u>(\$506.27)</u>
17.5. Checking account:	<u>Account Number: 3752</u>	<u>\$13,044.53</u>
17.6. Savings account:	<u>Account Number: 3822</u>	<u>\$8.37</u>
17.7. Savings account:	<u>Account Number: 5621</u>	<u>\$1.00</u>
17.8. Savings account:	<u>Account Number: 1864</u>	<u>\$0.00</u>
17.9. Savings account:	<u>Account Number: 2406</u>	<u>\$1.00</u>

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes ..... Institution or issuer name:

---



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## 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

 No Yes. Give specific information about them.....

Name of entity:

% of ownership:

**Takk House, Meadowlark LLC - each winding up; Franklin Alley Social Club LLC closed on 12/31/2024 but is also winding up**

**100.00%****\$0.00**

## 20. Government and corporate bonds and other negotiable and non-negotiable instruments

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them.....

Issuer name:

---



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## 21. Retirement or pension accounts

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_

Pension plan: \_\_\_\_\_

IRA: \_\_\_\_\_

Retirement account: \_\_\_\_\_

Keogh: \_\_\_\_\_

Additional account: \_\_\_\_\_

Additional account: \_\_\_\_\_

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes .....

Institution name or individual:

Electric:

\_\_\_\_\_

Gas:

\_\_\_\_\_

Heating oil:

\_\_\_\_\_

Security deposit on rental unit:

\_\_\_\_\_

Prepaid rent:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Water:

\_\_\_\_\_

Rented furniture:

\_\_\_\_\_

Other:

\_\_\_\_\_

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes .....

Issuer name and description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes .....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them. ...

\_\_\_\_\_

\_\_\_\_\_

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them. ....

--	--

27. **Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them. ....

Takk House and Franklin Alley have NYS liquor licenses, which will be surrendered as part of business wind up

\$0.00

28. **Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

--	--

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

29. **Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information. ....

--	--

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

30. **Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information. ....

--	--

## Current value of the portion you own?

Do not deduct secured claims or exemptions.

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value. ... Company name: Beneficiary: Surrender or refund value:

AmWINS Insurance Services, LLC - commercial building insurance, policy #7990, 6/1/2025 to 6/1/2026	Lender	\$0.00
auto insurance - Progressive	N/A	\$0.00

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information. ....

.....	.....
-------	-------

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim. ....

.....	.....
-------	-------

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim. ....

Mother says Debtor and her sibling are beneficiaries of any property in mother's trust once mother passes away. Mother currently alive and in good health. Debtor has no right to property at this time.	\$0.00
--	--------

35. **Any financial assets you did not already list**

No

Yes. Give specific information. ....

.....	.....
-------	-------

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$6,669.89

## Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

## 38. Accounts receivable or commissions you already earned

 No Yes. Describe. ....

--	--

## 39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe. ....

--	--

## 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe. ....

Kitchen equipment, tables, chairs, glassware, dishware	\$20,000.00
--	-------------

## 41. Inventory

 No Yes. Describe. ....

--	--

## 42. Interests in partnerships or joint ventures

 No Yes. Describe. ....

Name of entity:

% of ownership:

_____	_____	_____
_____	_____	_____
_____	_____	_____

## 43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe. ....

	\$0.00
--	--------



## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information. ....

--	--

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here ..... →

\$0.00

## Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information. ....

--	--

## 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... →

\$0.00

## Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 ..... → \$831,690.00

56. Part 2: Total vehicles, line 5 \$73,982.00

57. Part 3: Total personal and household items, line 15 \$9,270.00

58. Part 4: Total financial assets, line 36 \$6,669.89

59. Part 5: Total business-related property, line 45 \$20,000.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61. ..... → \$109,921.89

Copy personal property total →

+ \$109,921.89

63. Total of all property on Schedule A/B. Add line 55 + line 62. .....

\$941,611.89

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	<u>Heidi</u>	<u>Lynn</u>	<u>Benjamin</u>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern</u>		District of <u>New York</u>
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

**For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.**

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description:  2022 GMC Sierra K2500 Denali	<u>\$51,416.00</u>	<input checked="" type="checkbox"/> <u>\$4,038.00</u>	<u>11 U.S.C. § 522(d)(2)</u>
VIN:  <u>1GT49REY9NF269497</u>		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from <i>Schedule A/B</i> : <u>3.2</u>			
3. Are you claiming a homestead exemption of more than \$214,000?	(Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)		
<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			

Debtor 1

HeidiLynnBenjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

## Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description:	<u>Household goods and furnishings</u>	<u>\$4,360.00</u>	<input checked="" type="checkbox"/> <u>\$4,360.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from <i>Schedule A/B</i> :	<u>6</u>			
Brief description:	<u>Household electronics including TVs, cellphone, computer, printers</u>	<u>\$3,310.00</u>	<input checked="" type="checkbox"/> <u>\$3,310.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from <i>Schedule A/B</i> :	<u>7</u>			
Brief description:	<u>All clothing for one adult woman</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from <i>Schedule A/B</i> :	<u>11</u>			
Brief description:	<u>Wedding ring, other misc jewelry</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(4)</u>
Line from <i>Schedule A/B</i> :	<u>12</u>			
Brief description:	<u>2 dogs, 1 rescue cow named "Mae"</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(3)</u>
Line from <i>Schedule A/B</i> :	<u>13</u>			
Brief description:	<u>Broadview Federal Credit Union - Family account; balance shown represents Debtor's 1/3 ownership. Checking account Acct. No.: 0359</u>	<u>\$155.53</u>	<input checked="" type="checkbox"/> <u>\$152.20</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>11 U.S.C. § 522(d)(5)</u>
Line from <i>Schedule A/B</i> :	<u>17</u>			

Debtor 1

HeidiLynnBenjamin

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

## Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description:  Line from <i>Schedule A/B</i> :	<b>Broadview Federal Credit Union - Takk House LLC</b> Checking account Acct. No.: 3752	<u><b>\$13,044.53</b></u>	<input checked="" type="checkbox"/> <u><b>\$13,044.53</b></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u><b>11 U.S.C. § 522(d)(5)</b></u>
Brief description:  Line from <i>Schedule A/B</i> :	<b>Broadview Federal Credit Union - Franklin Alley Social Club LLC</b> Savings account Acct. No.: 3822	<u><b>\$8.37</b></u>	<input checked="" type="checkbox"/> <u><b>\$8.37</b></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u><b>11 U.S.C. § 522(d)(5)</b></u>
Brief description:  Line from <i>Schedule A/B</i> :	<b>Broadview Federal Credit Union - personal account</b> Savings account Acct. No.: 5621	<u><b>\$1.00</b></u>	<input checked="" type="checkbox"/> <u><b>\$1.00</b></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u><b>11 U.S.C. § 522(d)(5)</b></u>
Brief description:  Line from <i>Schedule A/B</i> :	<b>Broadview Federal Credit Union - Takk House LLC</b> Savings account Acct. No.: 2406	<u><b>\$1.00</b></u>	<input checked="" type="checkbox"/> <u><b>\$1.00</b></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u><b>11 U.S.C. § 522(d)(5)</b></u>

Fill in this information to identify your case:

Debtor 1	<b>Heidi</b>	<b>Lynn</b>	<b>Benjamin</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<b>Northern</b>	District of <b>New York</b>
Case number (if known)			

Check if this is an amended filing

Official Form 106DSchedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A <b>Amount of claim</b> Do not deduct the value of collateral.	Column B <b>Value of collateral that supports this claim</b>	Column C <b>Unsecured portion</b> If any
<b>2.1</b> <b>BMW FINANCIAL SERVICES</b> Creditor's Name <b>5515 PARKCENTER CIR</b> Number Street <b>DUBLIN, OH 43017</b> City State ZIP Code	Describe the property that secures the claim: <b>2023 Mini Cooper Countryman S</b>	<b>\$28,007.00</b>	<b>\$22,566.00</b>
<b>Who owes the debt?</b> Check one.	As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
Date debt was incurred <b>8/30/2022</b>	Last 4 digits of account number	<b>6 9 0 9</b>	
Add the dollar value of your entries in Column A on this page. Write that number here: <b>\$28,007.00</b>			

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known)

First Name

Middle Name

Last Name

Additional Page

Part 1:

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	Column A	Column B	Column C
	Amount of claim	Value of collateral that supports this claim	Unsecured portion
	Do not deduct the value of collateral.	If any	

2.2	Capital Region Chamber of Commerce, Inc.	Describe the property that secures the claim:	\$37,171.32	\$831,690.00	\$0.00
-----	--	---	-------------	--------------	--------

Creditor's Name

53rd St. Troy, NY 12180

5 Computer Drive South

Number Street

Albany, NY 12205

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

x x x x

Describe the property that secures the claim:

\$110,656.31

\$831,690.00

\$0.00

2.3	City of Troy	Describe the property that secures the claim:	\$110,656.31	\$831,690.00	\$0.00
-----	--------------	---	--------------	--------------	--------

Creditor's Name

433 River St., Ste. 5001

Number Street

Troy, NY 12180

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

3 3 6 0

Add the dollar value of your entries in Column A on this page. Write that number here:

\$147,827.63

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known)

First Name

Middle Name

Last Name

Part 1:	Additional Page  After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

**2.4** Family Danz Mechanical LLC      Describe the property that secures the claim: \$92,483.80      \$831,690.00      \$0.00

Creditor's Name  
**404 North Pearl St.**

Number      Street  
**Albany, NY 12207**

City      State      ZIP Code

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim relates to a community debt**

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number x x x x

**Remarks:** Mechanic's lien

**2.5** Michael Reilly      Describe the property that secures the claim: \$738,505.00      \$831,690.00      \$0.00

Creditor's Name  
**16 N Greenbush Rd., Ste. 207**

Number      Street  
**Troy, NY 12180**

City      State      ZIP Code

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim relates to a community debt**

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number x x x x

Add the dollar value of your entries in Column A on this page. Write that number here: \$830,988.80

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \_\_\_\_\_

Debtor 1

HeidiLynnBenjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

Additional Page

Part 1:

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Column B

Column C

Amount of claim

Value of collateral  
that supports this  
claimUnsecured  
portion  
If any

2.6 <b>NYS Dept. of Taxation and Finance</b>			Describe the property that secures the claim: <u>55 3rd St. Troy, NY 12180</u>	<b>\$25,000.00</b>	<b>\$831,690.00</b>	<b>\$0.00</b>
Creditor's Name			As of the date you file, the claim is: Check all that apply.			
<b>Bankruptcy Unit</b>			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
<b>PO Box 5300</b>						
Number	Street					
<b>Albany, NY 12205</b>						
City	State	ZIP Code				
Who owes the debt? Check one.						
Nature of lien. Check all that apply.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Other (including a right to offset) _____						
<input type="checkbox"/> Check if this claim relates to a community debt						
Date debt was incurred			Last 4 digits of account number <u>xxxx</u>			
Remarks: Tax warrants						
2.7 <b>Titan Roofing, Inc.</b>			Describe the property that secures the claim: <u>55 3rd St. Troy, NY 12180</u>	<b>\$69,200.00</b>	<b>\$831,690.00</b>	<b>\$0.00</b>
Creditor's Name			As of the date you file, the claim is: Check all that apply.			
<b>200 Tapley St.</b>			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
Number	Street					
<b>Springfield, MA 01104</b>						
City	State	ZIP Code				
Who owes the debt? Check one.						
Nature of lien. Check all that apply.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Other (including a right to offset) _____						
<input type="checkbox"/> Check if this claim relates to a community debt						
Date debt was incurred			Last 4 digits of account number <u>xxxx</u>			
Remarks: Mechanic's Lien						
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$94,200.00</u>						
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____						

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known)

First Name

Middle Name

Last Name

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Column B

Column C

Amount of claim

Value of collateral  
that supports this  
claimUnsecured  
portion  
If any

Part 1:	Additional Page		
	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		
2.8	US Dept. of Treasury	Describe the property that secures the claim:	\$88,119.02
Creditor's Name PO Box 979101		55 3rd St. Troy, NY 12180	\$831,690.00
Number Street Saint Louis, MO 63197		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who owes the debt? Check one.		<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	
<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred		Last 4 digits of account number	6 4 7 3
2.9	US Small Business Administration	Describe the property that secures the claim:	\$348,819.55
Creditor's Name Attn: Bankruptcy		\$20,000.00	
409 3rd St. SW, Floor 2		\$328,819.55	
Number Street Washington, DC 20416		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who owes the debt? Check one.		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) _____	
<input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred		Last 4 digits of account number	8 0 0 3
Add the dollar value of your entries in Column A on this page. Write that number here: <b>\$436,938.57</b>			
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____			

Debtor 1

HeidiLynnBenjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

Additional Page

Part 1:

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--	--

<u>2.10</u> <b>US Small Business Administration</b>	Describe the property that secures the claim:	<u>\$500,020.00</u>	<u>\$0.00</u>	<u>\$500,020.00</u>
---	---	---------------------	---------------	---------------------

Creditor's Name

Attn: Bankruptcy409 3rd St. SW, Floor 2

Number Street

Washington, DC 20416

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number 7 9 0 1

<u>2.11</u> <b>WELLS FARGO AUTO CRE</b>	Describe the property that secures the claim:	<u>\$47,378.00</u>	<u>\$51,416.00</u>	<u>\$0.00</u>
---	---	--------------------	--------------------	---------------

Creditor's Name

PO BOX 71092

Number Street

CHARLOTTE, NC 28272

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred 5/19/2022Last 4 digits of account number 3 8 0 2

Add the dollar value of your entries in Column A on this page. Write that number here:	<u>\$547,398.00</u>
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	<u>\$2,085,360.00</u>



Debtor 1

HeidiLynnBenjamin

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1.	<b>Nolan Heller Kauffman LLP</b>			On which line in Part 1 did you enter the creditor? <u>2.2</u>
Name				
<u>80 State St., 11th Fl.</u>			Last 4 digits of account number <u>  x  x  x  x  </u>	
Number		Street		
<u>Albany, NY 12207</u>				
City		State	ZIP Code	
2.	<b>NYS Assessment Receivables</b>			On which line in Part 1 did you enter the creditor? <u>2.6</u>
Name				
<u>PO Box 4127</u>			Last 4 digits of account number <u>  x  x  x  x  </u>	
Number		Street		
<u>Binghamton, NY 13902</u>				
City		State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	<u>Heidi</u>	<u>Lynn</u>	<u>Benjamin</u>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern</u>		District of <u>New York</u>
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

##### 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<u>Internal Revenue Service</u> Priority Creditor's Name <u>PO Box 7346</u> Number Street <u>Philadelphia, PA 19101-7346</u> City State ZIP Code	<u>          </u> <u>          </u> <u>          </u> <u>          </u> <u>          </u> <u>          </u> <u>          </u> <u>          </u>	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
	As of the date you file, the claim is: Check all that apply.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	Type of PRIORITY unsecured claim:	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

HeidiLynnBenjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

## Part 1:

**Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Total claim	Priority amount	Nonpriority amount
<u>2.2</u> <b>NYS Dept. of Taxation and Finance</b> Priority Creditor's Name <u>Bankruptcy Unit</u>	Last 4 digits of account number	<u>x</u> <u>x</u> <u>x</u> <u>x</u>	<u>\$106,401.01</u>	<u>\$106,401.01</u>	<u>\$0.00</u>
<u>PO Box 5300</u> Number Street <u>Albany, NY 12205</u> City State ZIP Code	When was the debt incurred?	<u>Various</u>			
<b>As of the date you file, the claim is:</b> Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
<b>Type of PRIORITY unsecured claim:</b>					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Who incurred the debt?</b> Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>					
<b>Is the claim subject to offset?</b>					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Remarks:</b> Sales and income taxes due					

Debtor 1

## Heidi

Lynn

Document Page 36 of 95

Case number (if known)

First Name

Middle Name

Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 <b>AFFIRM INC</b>		Last 4 digits of account number	<u>E</u> <u>V</u> <u>X</u> <u>X</u>	Total claim <u>\$26.00</u>
Nonpriority Creditor's Name <b>650 CALIFORNIA ST FL 12</b>		When was the debt incurred?	<u>5/27/2025</u>	
Number	Street			
<b>SAN FRANCISCO, CA 94108</b>		City	State	ZIP Code
<b>Who incurred the debt?</b> Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.2 <b>Allstar Commercial</b>		Last 4 digits of account number	<u>x</u> <u>x</u> <u>x</u> <u>x</u>	<u>\$3,790.80</u>
Nonpriority Creditor's Name <b>6 Bluebird Road</b>		When was the debt incurred?		
Number	Street			
<b>South Glens Falls, NY 12803</b>		City	State	ZIP Code
<b>Who incurred the debt?</b> Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
<b>As of the date you file, the claim is:</b> Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Type of NONPRIORITY unsecured claim:</b>				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u>				

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	<b>American Express</b> Nonpriority Creditor's Name <b>PO Box 1270</b> Number Street  <b>Newark, NJ 07101-1270</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	3 0 0 5  12/16/2019	\$1,031.34
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
4.4	<b>Baldor Foods</b> Nonpriority Creditor's Name <b>155 Food Center Dr.</b> Number Street  <b>Bronx, NY 10474</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	x x x x	\$2,051.58
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u></p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	<b>BROADVIEW FEDERAL CR</b> Nonpriority Creditor's Name <b>700 PATROON CREEK BLVD</b> Number Street <b>ALBANY, NY 12206</b> City State ZIP Code	Last 4 digits of account number <b>3 6 0 6</b>	\$100.00
When was the debt incurred? <b>8/12/2010</b>			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>LineOfCredit</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	<b>BROADVIEW FEDERAL CR</b> Nonpriority Creditor's Name <b>700 PATROON CREEK BLVD</b> Number Street <b>ALBANY, NY 12206</b> City State ZIP Code	Last 4 digits of account number <b>x x x x</b>	\$6,540.54
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Overdraft/Unsecured LOC</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.7	<b>Bryans &amp; Gramuglia CPAs LLC</b> Nonpriority Creditor's Name <b>1 Pine West Plaza, Ste. 107</b> Number Street <hr/> <b>Albany, NY 12205</b> City State ZIP Code	Last 4 digits of account number <hr/> When was the debt incurred? <hr/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,300.00</b>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.8	<b>Capital One</b> Nonpriority Creditor's Name <b>PO Box 981600</b> Number Street <hr/> <b>Boston, MA 02298</b> City State ZIP Code	Last 4 digits of account number <hr/> When was the debt incurred? <hr/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$9,786.32</b>
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>	<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Flexible Spending Credit Card</u>		
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Remarks:</b> Acct #4588				

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.9	<b>Capital One</b> Nonpriority Creditor's Name <b>PO Box 981600</b> Number Street  <b>Boston, MA 02298</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<input type="x"/> <input type="x"/> <input type="x"/> <input type="x"/>  <input type="x"/> 1/30/2020	\$2,404.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b></p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
<p><b>Remarks:</b> Acct #2509</p>				
4.10	<b>COLLECTION BUREAU OF A</b> Nonpriority Creditor's Name <b>25954 EDEN LANDING RD</b> Number Street  <b>HAYWARD, CA 94545</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<input type="x"/> <input type="x"/> <input type="x"/> <input type="x"/>  <input type="x"/> 1/22/2025	\$1,116.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney</b></p>				
<p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	<b>Community Care Physicians, PLLC</b> Nonpriority Creditor's Name <b>6 Wellness Way, Ste. 201</b> Number Street <hr/> <b>Latham, NY 12110</b> City State ZIP Code	Last 4 digits of account number <hr/> <b>7 4 3 0</b>	\$2,537.00
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.12	<b>County Waste &amp; Recycling</b> Nonpriority Creditor's Name <b>PO Box 431</b> Number Street <hr/> <b>Clifton Park, NY 12065</b> City State ZIP Code	Last 4 digits of account number <hr/> <b>x x x x</b>	\$472.82
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13	<b>Credit One Bank</b> Nonpriority Creditor's Name <b>PO Box 60500</b> Number Street	Last 4 digits of account number <b>8 8 7 2</b>	\$617.00
		When was the debt incurred? <b>12/18/2024</b>	
	<b>City of Industry, CA 91716</b> City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.14	<b>DEPT OF ED/AIDVANTAGE</b> Nonpriority Creditor's Name <b>1600 TYSON BOULEVARD, ST</b> Number Street	Last 4 digits of account number <b>0 1 1 0</b>	\$1,015.00
		When was the debt incurred? <b>2/17/2011</b>	
	<b>MCLEAN, VA 75403</b> City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.15	<b>DEPT OF ED/AIDVANTAGE</b> Nonpriority Creditor's Name <b>1600 TYSON BOULEVARD, ST</b> Number Street  <b>MCLEAN, VA 75403</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>0</u> <u>1</u> <u>1</u> <u>0</u>  <u>2/17/2011</u>	\$737.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
4.16	<b>Driscoll Foods</b> Nonpriority Creditor's Name <b>6 West Belt</b> Number Street  <b>Wayne, NJ 07470</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	<u>x</u> <u>x</u> <u>x</u> <u>x</u>	\$1,441.51
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17	<b>Esco Heating and Cooling</b> Nonpriority Creditor's Name <b>12 Burdick Dr.</b> Number Street	Last 4 digits of account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$3,106.08
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Albany, NY 12205</b> City State ZIP Code	Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>		
	Who incurred the debt? Check one.			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.18	<b>E-ZPass</b> Nonpriority Creditor's Name <b>PO Box 15186</b> Number Street	Last 4 digits of account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	unknown
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Albany, NY 12212</b> City State ZIP Code	Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tolls</u>		
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Heidi

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Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19	<b>Gusto, Inc.</b> Nonpriority Creditor's Name <b>Attn Legal</b> <b>525 20th St.</b> Number Street <b>San Francisco, CA 94107</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	x x x x  unknown
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.20	<b>HOME DEPOT CREDIT SERVICES</b> Nonpriority Creditor's Name <b>PO Box 70600</b> Number Street <b>Philadelphia, PA 19176</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	x x x x  <b>\$1,622.49</b>
		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known)

First Name

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Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21	<b>JEFFERSON CAPITAL SYST</b> Nonpriority Creditor's Name <b>16 MCLELAND RD</b> Number Street	Last 4 digits of account number	5 4 4 8	\$1,601.00
		When was the debt incurred?	6/14/2024	
	<b>SAINT CLOUD, MN 56303</b> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>FactoringCompanyAccount</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.22	<b>Kevin Kelley</b> Nonpriority Creditor's Name <b>125 High Rock Ave.</b> Number Street	Last 4 digits of account number	x x x x	\$3,000.00
		When was the debt incurred?		
	<b>Saratoga Springs, NY 12866</b> City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.23	<b>National Grid</b> Nonpriority Creditor's Name <b>300 Erie Blvd. West</b> Number Street  <b>Syracuse, NY 13202</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,707.37</b>
4.24	<b>NYS Dept of Labor, UID</b> Nonpriority Creditor's Name <b>PO Box 15012</b> Number Street  <b>Albany, NY 12212</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$270.19</b>

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.25	<b>NYS Workers Compensation Board</b> Nonpriority Creditor's Name <b>PO Box 5529</b> Number Street  <b>Binghamton, NY 13902</b> City State ZIP Code	Last 4 digits of account number	<u>6</u> <u>5</u> <u>1</u> <u>5</u>	\$816.67
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Responsible Party</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.26	<b>ODK Capital, LLC d/b/a OnDeck</b> Nonpriority Creditor's Name <b>4700 W. Daybreak Pkwy, Ste. 200</b> Number Street  <b>South Jordan, UT 84009</b> City State ZIP Code	Last 4 digits of account number	<u>x</u> <u>x</u> <u>x</u> <u>x</u>	\$21,299.29
When was the debt incurred? _____				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business Loan</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.27	<b>Pattison Sampson Ginsberg &amp; Griffin</b> Nonpriority Creditor's Name <b>PO Box 208</b> Number Street	Last 4 digits of account number	<u>x</u> <u>x</u> <u>x</u> <u>x</u>	\$4,877.07
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>		
		Who incurred the debt? Check one.		
		<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.28	<b>Saratoga Eagle Distributors</b> Nonpriority Creditor's Name <b>45 Duplainville Rd.</b> Number Street	Last 4 digits of account number	<u>4</u> <u>2</u> <u>2</u> <u>1</u>	\$4,494.36
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply.		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
		Type of NONPRIORITY unsecured claim:		
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>		
		Who incurred the debt? Check one.		
		<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29	<b>SBA</b> Nonpriority Creditor's Name <b>PO Box 3918</b> Number Street  <b>Portland, OR 97208</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	7 4 5 0  6/9/2016	\$64,228.00
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				
4.30	<b>Southern Glazer's Wine &amp; Spirits</b> Nonpriority Creditor's Name <b>6012 County Farm Rd.</b> Number Street  <b>Ballston Spa, NY 12020</b> City State ZIP Code	Last 4 digits of account number  When was the debt incurred?	1 0 0 6  _____	\$5,103.91
<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input type="checkbox"/> Other. Specify _____</p>				
<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>				

Debtor 1

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Benjamin

Case number (if known) \_\_\_\_\_

First Name

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**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.31	<b>Sunbelt Rentals, Inc.</b> Nonpriority Creditor's Name <b>PO Box 409211</b> Number Street	Last 4 digits of account number <b>0 4 4 0</b>	<b>\$6,018.03</b>
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Atlanta, GA 30384</b> City State ZIP Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>	
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.32	<b>Troy Architecture Practice PLLC</b> Nonpriority Creditor's Name <b>210 River St.</b> Number Street	Last 4 digits of account number <b>x x x x</b>	<b>\$2,757.50</b>
		When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Troy, NY 12180</b> City State ZIP Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open Account</u>	
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**1. Altus**

On which entry in Part 1 or Part 2 did you list the original creditor?

Name  
**2121 Airline Dr., Ste. 520**Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number       x      x      x      x      **Metairie, LA 70001**

City State ZIP Code

**2. Monterey Collection Services**

On which entry in Part 1 or Part 2 did you list the original creditor?

Name  
**PO Box 5199**Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number       2      4      1      3      **Oceanside, CA 92052**

City State ZIP Code

**3. A.R.M. Solutions, Inc.**

On which entry in Part 1 or Part 2 did you list the original creditor?

Name  
**PO Box 2929**Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number       5      1      3      7      **Camarillo, CA 93011**

City State ZIP Code

**4. McCarthy, Burgess & Wolff**

On which entry in Part 1 or Part 2 did you list the original creditor?

Name  
**PO Box 461210**Line 4.20 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number       x      x      x      x      **Bedford Hts, OH 44146**

City State ZIP Code

**5. Relin, Goldstein & Crane, LLP**

On which entry in Part 1 or Part 2 did you list the original creditor?

Name  
**28 East Main St., Ste. 1800**Line 4.30 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number       x      x      x      x      **Rochester, NY 14614**

City State ZIP Code

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

		Total claim
<b>Total claims from Part 1</b>	<b>6a. Domestic support obligations</b>	<b>\$0.00</b>
	<b>6b. Taxes and certain other debts you owe the government</b>	<b>\$106,401.01</b>
	<b>6c. Claims for death or personal injury while you were intoxicated</b>	<b>\$0.00</b>
	<b>6d. Other.</b> Add all other priority unsecured claims. Write that amount here.	<b>+ \$0.00</b>
	<b>6e. Total.</b> Add lines 6a through 6d.	<b>\$106,401.01</b>

		Total claim
<b>Total claims from Part 2</b>	<b>6f. Student loans</b>	<b>\$1,752.00</b>
	<b>6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	<b>\$0.00</b>
	<b>6h. Debts to pension or profit-sharing plans, and other similar debts</b>	<b>\$0.00</b>
	<b>6i. Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	<b>+ \$163,116.87</b>
	<b>6j. Total.</b> Add lines 6f through 6i.	<b>\$164,868.87</b>

Fill in this information to identify your case:

Debtor 1	<u>Heidi</u>	<u>Lynn</u>	<u>Benjamin</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>
United States Bankruptcy Court for the:	<u>Northern</u>		District of <u>New York</u>
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease		State what the contract or lease is for
2.1	<u>Allstar Commercial</u>		Contract to be REJECTED
	Name		
	<u>6 Bluebird Road</u>		
	Number	Street	
	<u>South Glens Falls, NY 12803</u>		
	City	State	ZIP Code
2.2	Name		
	Number	Street	
	City	State	ZIP Code
2.3	Name		
	Number	Street	
	City	State	ZIP Code
2.4	Name		
	Number	Street	
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	<b>Heidi</b>	<b>Lynn</b>	<b>Benjamin</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		<b>Northern</b>	District of <b>New York</b>
Case number (if known)			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
		Check all schedules that apply:
3.1	<b>Franklin Alley Social Club LLC</b> Name <b>50 Franklin St.</b> Number Street <b>Troy, NY 12180</b> City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <b>2.10</b> <input checked="" type="checkbox"/> Schedule E/F, line <b>2.2, 4.2, 4.6, 4.7, 4.12, 4.16, 4.17, 4.30</b> <input checked="" type="checkbox"/> Schedule G, line <b>2.1</b>
3.2	<b>Meadowlark LLC</b> Name <b>55 Third St.</b> Number Street <b>Troy, NY 12180</b> City State ZIP Code	<input type="checkbox"/> Schedule D, line _____ <input checked="" type="checkbox"/> Schedule E/F, line <b>4.7</b> <input type="checkbox"/> Schedule G, line _____

Debtor 1

HeidiLynnBenjamin

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Additional Page to List More Codebtors

**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.3

**Takk House LLC**

Name

**55 Third St.**

Number

Street

**Troy, NY 12180**

City

State

ZIP Code

 Schedule D, line **2.2, 2.3, 2.4, 2.6, 2.7, 2.9** Schedule E/F, line**2.2, 4.4, 4.7, 4.17, 4.19, 4.20, 4.23, 4.24, 4.27, 4.28, 4.29, 4.31, 4.32** Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Heidi</b>	<b>Lynn</b>	<b>Benjamin</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>Northern</b>		District of <b>New York</b>	
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Debtor 1

##### Debtor 2 or non-filing spouse

Employed  
 Not employed

Employed  
 Not employed

##### Occupation

**Catering chef**

##### Employer's name

**Nicole's Restaurant, Inc.**

##### Employer's address

**43 Railroad Ave.**

Number      Street

Number      Street

**Albany, NY 12205**

City      State      ZIP Code

City      State      ZIP Code

How long employed there? **4 months**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

##### For Debtor 1

##### For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. **\$1,083.33**

3. Estimate and list monthly overtime pay.

3. + **\$0.00**

4. Calculate gross income. Add line 2 + line 3.

4. **\$1,083.33**

Debtor 1

Heidi

Lynn

Benjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... ➔ 4.	<b>\$1,083.33</b>	
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. <b>\$101.66</b>	
5b. <b>Mandatory contributions for retirement plans</b>	5b. <b>\$0.00</b>	
5c. <b>Voluntary contributions for retirement plans</b>	5c. <b>\$0.00</b>	
5d. <b>Required repayments of retirement fund loans</b>	5d. <b>\$0.00</b>	
5e. <b>Insurance</b>	5e. <b>\$0.00</b>	
5f. <b>Domestic support obligations</b>	5f. <b>\$0.00</b>	
5g. <b>Union dues</b>	5g. <b>\$0.00</b>	
5h. <b>Other deductions. Specify:</b> _____	5h. + <b>\$0.00</b>	+ _____
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	<b>6. \$101.66</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$981.67</b>	
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b>		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8a. _____	<b>\$0.00</b>	
8b. <b>Interest and dividends</b>	8b. <b>\$0.00</b>	
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8c. _____	<b>\$0.00</b>	
8d. <b>Unemployment compensation</b>	8d. <b>\$0.00</b>	
8e. <b>Social Security</b>	8e. <b>\$0.00</b>	
8f. <b>Other government assistance that you regularly receive</b>		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. <b>\$0.00</b>	
8g. <b>Pension or retirement income</b>	8g. <b>\$0.00</b>	
8h. <b>Other monthly income. Specify:</b> _____	8h. + <b>\$0.00</b>	+ _____
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <b>\$0.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$981.67</b>	= <b>\$981.67</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + <b>\$0.00</b>	

Debtor 1

HeidiLynnBenjamin

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.**Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12.

**\$981.67**Combined  
monthly income**13. Do you expect an increase or decrease within the year after you file this form?** No. Yes. Explain:**Debtor hopes she will be able to increase her catering chef income over time.**

Fill in this information to identify your case:

Debtor 1	<b>Heidi</b>	<b>Lynn</b>	<b>Benjamin</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern District of New York</b>		
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:  
 \_\_\_\_\_  
 MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

##### 2. Do you have dependents?

	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not list Debtor 1 and Debtor 2.			<b>Child</b>	<b>1</b>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
Do not state the dependents' names.					<input type="checkbox"/> No. <input type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.
					<input type="checkbox"/> No. <input type="checkbox"/> Yes.

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

#### Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. **\$950.00**

##### If not included in line 4:

4a. Real estate taxes	4a. <b>\$0.00</b>
4b. Property, homeowner's, or renter's insurance	4b. <b>\$0.00</b>
4c. Home maintenance, repair, and upkeep expenses	4c. <b>\$0.00</b>
4d. Homeowner's association or condominium dues	4d. <b>\$0.00</b>

Debtor 1

<b>Heidi</b>	<b>Lynn</b>	<b>Benjamin</b>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

		<b>Your expenses</b>
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5. _____ <b>\$0.00</b>
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. _____ <b>\$300.00</b>
6b.	Water, sewer, garbage collection	6b. _____ <b>\$144.00</b>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ <b>\$235.00</b>
6d.	Other. Specify: _____	6d. _____ <b>\$0.00</b>
7.	<b>Food and housekeeping supplies</b>	7. _____ <b>\$938.00</b>
8.	<b>Childcare and children's education costs</b>	8. _____ <b>\$0.00</b>
9.	<b>Clothing, laundry, and dry cleaning</b>	9. _____ <b>\$140.00</b>
10.	<b>Personal care products and services</b>	10. _____ <b>\$91.00</b>
11.	<b>Medical and dental expenses</b>	11. _____ <b>\$168.00</b>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ <b>\$302.00</b>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. _____ <b>\$100.00</b>
14.	<b>Charitable contributions and religious donations</b>	14. _____ <b>\$0.00</b>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ <b>\$0.00</b>
15b.	Health insurance	15b. _____ <b>\$0.00</b>
15c.	Vehicle insurance	15c. _____ <b>\$0.00</b>
15d.	Other insurance. Specify: _____	15d. _____ <b>\$0.00</b>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____ <b>\$0.00</b>
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1 <b>2023 Mini Cooper Countryman S</b>	17a. _____ <b>\$619.00</b>
17b.	Car payments for Vehicle 2 <b>2022 GMC Sierra K2500 Denali</b>	17b. _____ <b>\$1,295.00</b>
17c.	Other. Specify: <b>Storage</b>	17c. _____ <b>\$85.00</b>
17d.	Other. Specify: _____	17d. _____ <b>\$0.00</b>
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. _____ <b>\$0.00</b>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. _____ <b>\$0.00</b>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	20a. _____ <b>\$0.00</b>
20b.	Real estate taxes	20b. _____ <b>\$0.00</b>
20c.	Property, homeowner's, or renter's insurance	20c. _____ <b>\$0.00</b>
20d.	Maintenance, repair, and upkeep expenses	20d. _____ <b>\$0.00</b>
20e.	Homeowner's association or condominium dues	20e. _____ <b>\$0.00</b>

Debtor 1

**Heidi** **Lynn** **Benjamin**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21. + \_\_\_\_\_ \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \_\_\_\_\_ \$5,367.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \_\_\_\_\_ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \_\_\_\_\_ \$5,367.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \_\_\_\_\_ \$981.67

23b. Copy your monthly expenses from line 22c above.

23b. - \_\_\_\_\_ \$5,367.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \_\_\_\_\_ (\$4,385.33)

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Fill in this information to identify your case:

Debtor 1	<b>Heidi</b>	<b>Lynn</b>	<b>Benjamin</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern District of New York</b>		
Case number (if known)	<hr/>		

Check if this is an amended filing

# Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

**Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Heidi Lynn Benjamin  
Heidi Lynn Benjamin, Debtor 1

Heidi Lynn Benjamin, Debtor 1

Date 07/23/2025  
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<b>Heidi</b> First Name	<b>Lynn</b> Middle Name	<b>Benjamin</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern District of New York</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
City	State ZIP Code	Number Street	From _____ To _____
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
City	State ZIP Code	Number Street	From _____ To _____

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1

Heidi

Lynn

Benjamin

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 2: Explain the Sources of Your Income

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$1,430.59</b> <b>\$5,500.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For last calendar year:</b> (January 1 to December 31, <u>2024</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$69,362 per K-1</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2023</u> ) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$20,446.00</b> <b>(69,516.00)</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. No Yes. Fill in the details.

	Debtor 1	Debtor 2		
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)

**From January 1 of current year until the date you filed for bankruptcy:** \_\_\_\_\_

**For last calendar year:**  
(January 1 to December 31, 2024)  
YYYY

**For the calendar year before that:**  
(January 1 to December 31, 2023)  
YYYY

Debtor 1

Heidi

Lynn

Benjamin

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

## 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$8,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	_____	_____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City	State	ZIP Code		

## 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	_____	_____	_____	_____
Number Street	_____	_____	_____	_____
City	State	ZIP Code		

Debtor 1

Heidi Lynn Benjamin

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	_____	_____	_____	_____
Number Street	_____	_____	_____	_____
City	State	ZIP Code		

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title	<u>Southern Glazer's Wines and Spirits et al v Franklin Alley Social Club, LLC and Heidi Sicari, individually</u>	<u>Rensselaer County Supreme Court</u> Court Name <u>80 Second St.</u> Number Street <u>Troy, NY 12180</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number	<u>EF2024-277224</u>		
Case title	<u>Capital Region Chamber of Commerce, Inc. v. Takk House LLC, Heidi L. Sicari et al</u>	<u>Rensselaer County Supreme Court</u> Court Name <u>80 Second St.</u> Number Street <u>Troy, NY 12180</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number	<u>EF2024-276187</u>		

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.

Debtor 1

Heidi Lynn  
First Name Middle NameBenjamin  
Last Name

Case number (if known) \_\_\_\_\_

**NYS Dept. of Taxation and Finance**

Creditor's Name

**PO Box 5300**

Number Street

**Albany, NY 12205-0300**

City State ZIP Code

**Describe the property****Date****Value of the property**Takk House business account levied -  
Broadview FCUOn or about  
4/30/2025

\$101.16

**Explain what happened**

Property was repossessed.  
 Property was foreclosed.  
 Property was garnished.  
 Property was attached, seized, or levied.

**BMW FINANCIAL SERVICES**

Creditor's Name

**5515 PARKCENTER CIR**

Number Street

**DUBLIN, OH 43017**

City State ZIP Code

**Describe the property****Date****Value of the property**Mini Cooper auto - property repossessed  
but Debtor recovered itIn or about  
May 2025

\$22,566.00

**Explain what happened**

Property was repossessed.  
 Property was foreclosed.  
 Property was garnished.  
 Property was attached, seized, or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

 No Yes. Fill in the details.**Describe the action the creditor took****Date action was taken**    **Amount taken**

Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number: XXXX- \_\_\_\_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No Yes**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

 No Yes. Fill in the details for each gift.

Debtor 1

**Heidi****Lynn****Benjamin**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value of the gifts
Person to Whom You Gave the Gift			
Number Street			
City	State	ZIP Code	
Person's relationship to you _____			

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?** No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			
Number Street			
City	State	ZIP Code	

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?** No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

Debtor 1

Heidi

Lynn

Benjamin

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

## Part 7: List Certain Payments or Transfers

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
<b>Fairbanks Fletcher Law PLLC</b>				
Person Who Was Paid				
<b>178 Elm St Ste 4</b>			<u>07/08/2025</u>	<u>\$1,800.00</u>
Number Street				
<b>Saratoga Springs, NY 12866</b>				
City	State	ZIP Code		
Email or website address				
Person Who Made the Payment, if Not You				
<b>Abacus Credit Counseling</b>				
Person Who Was Paid				
<b>15760 Ventura Blvd # 700</b>			<u>07/01/2025</u>	<u>\$25.00</u>
Number Street				
<b>Encino, CA 91436</b>				
City	State	ZIP Code		
Email or website address				
Person Who Made the Payment, if Not You				

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				
Number Street				
City	State	ZIP Code		

Debtor 1

Heidi Lynn Benjamin

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
<b>Unknown</b> Person Who Received Transfer	Sold games and chairs on Facebook Marketplace to pay bills	\$393.00
Number Street		<b>On or about</b> 3/31/2025
City State ZIP Code		
Person's relationship to you		
<b>None</b>		
<b>Unknown</b> Person Who Received Transfer	1 Fender Telecaster electric guitar	\$2,939.71
Number Street		<b>On or about</b> 6/27/2025
City State ZIP Code		
Person's relationship to you		
<b>None</b>		

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)** No Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust	
_____	_____

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units****20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Debtor 1

Heidi Lynn Benjamin

Case number (if known) \_\_\_\_\_

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

**Broadview FCU**

Name of Financial Institution

XXXX- 3 8 2 2 Checking Savings Money market BrokerageUnknown(\$4,389.77)**65 Vandenburg Ave.**

Number Street

**Troy, NY 12180**

City State ZIP Code

**Business**

- Franklin

Alley

Social

 Other Club LLC**Broadview FCU**

Name of Financial Institution

XXXX- 2 4 4 2 Checking Savings Money market BrokerageUnknown(\$1,653.57)**65 Vandenburg Ave.**

Number Street

**Troy, NY 12180**

City State ZIP Code

**Business**

- Meadowlark

 Other LLC

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

 No Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code	City State ZIP Code	

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

 No Yes. Fill in the details.

Debtor 1

Heidi

Lynn

Benjamin

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Mabey's Moving and Storage**

Name of Storage Facility

**Who else has or had access to it?****Describe the contents****Do you still have it?****Clothes and small items of personal property** No Yes**916 Loudon Rd.**

Number Street

Number Street

**Latham, NY 12110**

City

State ZIP Code

City

State

ZIP Code

**Part 9: Identify Property You Hold or Control for Someone Else****23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.** No Yes. Fill in the details.

Owner's Name

**Where is the property?****Describe the property****Value**

Number Street

Number Street

City

State ZIP Code

**Part 10: Give Details About Environmental Information****For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.****24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?** No Yes. Fill in the details.

Debtor 1

Heidi	Lynn	Benjamin
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	_____
City	State ZIP Code	_____
City	State ZIP Code	_____

## 25. Have you notified any governmental unit of any release of hazardous material?

 No Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	_____
City	State ZIP Code	_____
City	State ZIP Code	_____

## 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	Number Street	_____
Case number	City State ZIP Code	_____

Debtor 1

Heidi

Lynn

Benjamin

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Part 11: Give Details About Your Business or Connections to Any Business

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

A member of a limited liability company (LLC) or limited liability partnership (LLP)

A partner in a partnership

An officer, director, or managing executive of a corporation

An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Takk House LLC

Name

Describe the nature of the business

Employer Identification number  
Do not include Social Security number or ITIN.

Events

EIN: 4 6 - 4 8 9 4 9 7 155 Third St.

Number Street

Name of accountant or bookkeeper

Dates business existed

Troy, NY 12180

City State ZIP Code

From 2/21/2014 To Winding upFranklin Alley Social Club LLC

Name

Describe the nature of the business

Employer Identification number  
Do not include Social Security number or ITIN.

Bar/Restaurant

EIN: 8 2 - 1 5 5 9 9 650 Franklin St.

Number Street

Name of accountant or bookkeeper

Dates business existed

Troy, NY 12180

City State ZIP Code

From 05/12/2017 To 12/31/2024Meadowlark LLC

Name

Describe the nature of the business

Employer Identification number  
Do not include Social Security number or ITIN.EIN: 8 7 - 2 2 0 1 6 3 655 Third St.

Number Street

Name of accountant or bookkeeper

Dates business existed

Troy, NY 12180

City State ZIP Code

From 8/16/2021 To Winding up**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No

Yes. Fill in the details below.

Debtor 1

**Heidi** **Lynn** **Benjamin**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

Date issued

Name \_\_\_\_\_ MM / DD / YYYY

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Heidi Lynn Benjamin

Signature of Heidi Lynn Benjamin, Debtor 1

Date 07/23/2025

**Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

No

Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

No

Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Heidi</b> First Name	<b>Lynn</b> Middle Name	<b>Benjamin</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern District of New York</b>		
Case number (if known)			

 Check if this is an amended filing**Official Form 122A-1Supp****Statement of Exemption from Presumption of Abuse Under § 707(b)(2)**

12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

**Part 1: Identify the Kind of Debts You Have**

**1. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition* (Official Form 101).

No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

Yes. Go to Part 2.

**Part 2: Determine Whether Military Service Provisions Apply to You**

**2. Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

No. Go to line 3.

Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Go to line 3.

Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

**3. Are you or have you been a Reservist or member of the National Guard?**

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)

No. Complete Form 122A-1. Do not submit this supplement.

Yes. Check any one of the following categories that applies:

I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.

I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days, ending on \_\_\_\_\_, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later

Fill in this information to identify your case:

Debtor 1	<b>Heidi</b> First Name	<b>Lynn</b> Middle Name	<b>Benjamin</b> Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Northern District of New York</b>		
Case number (if known)			

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

**Official Form 122A-1****Chapter 7 Statement of Your Current Monthly Income**

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income****1. What is your marital and filing status? Check one only.**

**Not married.** Fill out Column A, lines 2-11.

**Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.

**Married and your spouse is NOT filing with you. You and your spouse are:**

- Living in the same household and are not legally separated.** Fill out both Column A and B, lines 2-11.
- Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

<b>Column A</b> <b>Debtor 1</b>	<b>Column B</b> <b>Debtor 2 or non-filing spouse</b>
------------------------------------	---

**2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).**

_____	_____
-------	-------

**3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.**

_____	_____
-------	-------

**4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.**

_____	_____
-------	-------

**5. Net income from operating a business, profession, or farm**

<b>Debtor 1</b>	<b>Debtor 2</b>
-----------------	-----------------

Gross receipts (before all deductions)

_____	_____
-------	-------

Ordinary and necessary operating expenses

_____	_____
-------	-------

**Copy here**  
→

Net monthly income from a business, profession, or farm

_____	_____
-------	-------

_____	_____
-------	-------

**6. Net income from rental and other real property**

<b>Debtor 1</b>	<b>Debtor 2</b>
-----------------	-----------------

Gross receipts (before all deductions)

_____	_____
-------	-------

Ordinary and necessary operating expenses

_____	_____
-------	-------

**Copy here**  
→

Net monthly income from rental or other real property

_____	_____
-------	-------

_____	_____
-------	-------

**7. Interest, dividends, and royalties**

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ..... ↓

For you.....

For your spouse.....

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
+ \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You**

**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here →

X 12

Multiply by 12 (the number of months in a year).

12b. The result is your annual income for this part of the form.

12b.

\_\_\_\_\_

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

\_\_\_\_\_

Fill in the number of people in your household.

\_\_\_\_\_

Fill in the median family income for your state and size of household.....

13.

\_\_\_\_\_

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
Go to Part 3.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
Go to Part 3 and fill out Form 122A-2.

## Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X**/s/ Heidi Lynn Benjamin

Signature of Debtor 1

Date 07/23/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1	<u>Heidi</u>	<u>Lynn</u>	<u>Benjamin</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of New York</u>		
Case number (if known)	<u></u>		

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

- For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>WELLS FARGO AUTO CRE</u>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: <u>2022 GMC Sierra K2500 Denali</u>		
Creditor's name: <u>BMW FINANCIAL SERVICES</u>	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: <u>2023 Mini Cooper Countryman S</u>		

Debtor 1

<b>Heidi</b>	<b>Lynn</b>	<b>Benjamin</b>
First Name	Middle Name	Last Name

Case number (*if known*) \_\_\_\_\_

## Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Heidi Lynn Benjamin

Signature of Debtor 1

Date 07/23/2025

MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Northern District of New York

In re Benjamin, Heidi Lynn

Case No. \_\_\_\_\_

Debtor Chapter \_\_\_\_\_ 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$1,800.00

Prior to the filing of this statement I have received ..... \$1,800.00

Balance Due ..... \$0.00

2. The source of the compensation paid to me was:

Debtor  Other (specify)

3. The source of compensation to be paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreement(s) and application(s) as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

Representation of debtor in any dischargeability actions, judicial lien avoidances, relief from stay actions, 2004 examinations, or adversary proceedings.

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/23/2025

*Date*

**/s/ Elizabeth Fairbanks-Fletcher**

Elizabeth Fairbanks-Fletcher  
*Signature of Attorney*

Bar Number: 513317  
Fairbanks Fletcher Law PLLC  
178 Elm St Ste 4  
Saratoga Springs, NY 12866-4085  
Phone: (518) 581-8600

**Fairbanks Fletcher Law PLLC**

*Name of law firm*

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

\$245	filing fee
\$78	administrative fee
<b>+ \$15</b>	<b>trustee surcharge</b>
<b>\$338</b> total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- most domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filin	g fee
+		
<b>\$571</b>	<b>ad</b>	<b>ministrative fee</b>
<hr/>		
\$1,738 total fee		

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
<b>+      \$78</b>	<b>    administrative fee</b>
<hr/>	
\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
<b>+      \$78</b>	<b>    administrative fee</b>
<hr/>	
\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:  
[http://www.uscourts.gov/bkforms/bankruptcy\\_form.s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form.s.html#procedure).

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

IN THE UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF NEW YORK  
ALBANY DIVISION

IN RE: **Benjamin, Heidi Lynn**

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 07/23/2025 Signature /s/ Heidi Lynn Benjamin  
Heidi Lynn Benjamin, Debtor

A.R.M. SOLUTIONS, INC.  
Acct No xxxx  
PO BOX 2929  
CAMARILLO, CA 93011

AFFIRM INC  
Acct No EVXX  
650 CALIFORNIA ST FL 12  
SAN FRANCISCO, CA 94108

ALLSTAR COMMERCIAL  
Acct No xxxx  
6 BLUEBIRD ROAD  
SOUTH GLENS FALLS, NY 12803

ALTUS  
Acct No xxxx  
2121 AIRLINE DR., STE. 520  
METAIRIE, LA 70001

AMERICAN EXPRESS  
Acct No 3005  
PO BOX 1270  
NEWARK, NJ 07101-1270

BALDOR FOODS  
Acct No xxxx  
155 FOOD CENTER DR.  
BRONX, NY 10474

BMW FINANCIAL SERVICES  
Acct No 6909  
5515 PARKCENTER CIR  
DUBLIN, OH 43017

BROADVIEW FEDERAL CR  
Acct No 3606  
700 PATROON CREEK BLVD  
ALBANY, NY 12206

BRYANS & GRAMUGLIA CPAS  
LLC  
Acct No xxxx  
1 PINE WEST PLAZA, STE. 107  
ALBANY, NY 12205

CAPITAL ONE  
Acct No xxxx  
PO BOX 981600  
BOSTON, MA 02298

CAPITAL REGION CHAMBER  
OF COMMERCE, INC.  
Acct No xxxx  
5 COMPUTER DRIVE SOUTH  
ALBANY, NY 12205

CITY OF TROY  
Acct No 3360  
433 RIVER ST., STE. 5001  
TROY, NY 12180

COLLECTION BUREAU OF A  
Acct No 97XX  
25954 EDEN LANDING RD  
HAYWARD, CA 94545

COMMUNITY CARE  
PHYSICIANS, PLLC  
Acct No 7430  
6 WELLNESS WAY, STE. 201  
LATHAM, NY 12110

COUNTY WASTE & RECYCLING  
Acct No xxxx  
PO BOX 431  
CLIFTON PARK, NY 12065

CREDIT ONE BANK  
Acct No 8872  
PO BOX 60500  
CITY OF INDUSTRY, CA 91716

DEPT OF ED/AIDVANTAGE  
Acct No 0110  
1600 TYSON BOULEVARD, ST  
MCLEAN, VA 75403

DRI SCOLL FOODS  
Acct No xxxx  
6 WEST BELT  
WAYNE, NJ 07470

ESCO HEATING AND COOLING  
Acct No xxxx  
12 BURDICK DR.  
ALBANY, NY 12205

E-ZPASS  
Acct No xxxx  
PO BOX 15186  
ALBANY, NY 12212

FAMILY DANZ MECHANICAL  
LLC  
Acct No xxxx  
404 NORTH PEARL ST.  
ALBANY, NY 12207

GUSTO, INC.  
Acct No xxxx  
ATTN LEGAL  
525 20TH ST.  
SAN FRANCISCO, CA 94107

HOME DEPOT CREDIT  
SERVICES  
Acct No xxxx  
PO BOX 70600  
PHILADELPHIA, PA 19176

INTERNAL REVENUE SERVICE  
Acct No xxxx  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

JEFFERSON CAPITAL SYST  
Acct No 5448  
16 MCLELAND RD  
SAINT CLOUD, MN 56303

KEVIN KELLEY  
Acct No xxxx  
125 HIGH ROCK AVE.  
SARATOGA SPRINGS, NY 12866

MCCARTHY, BURGESS &  
WOLFF  
Acct No xxxx  
PO BOX 461210  
BEDFORD HTS, OH 44146

MICHAEL REILLY  
Acct No xxxx  
16 N GREENBUSH RD., STE. 207  
TROY, NY 12180

MONTERERY COLLECTION  
SERVICES  
Acct No xxxx  
PO BOX 5199  
OCEANSIDE, CA 92052

NATIONAL GRID  
Acct No xxxx  
300 ERIE BLVD. WEST  
SYRACUSE, NY 13202

NOLAN HELLER KAUFFMAN  
LLP  
Acct No xxxx  
80 STATE ST., 11TH FL.  
ALBANY, NY 12207

NYS ASSESSMENT  
RECEIVABLES  
Acct No xxxx  
PO BOX 4127  
BINGHAMTON, NY 13902

NYS DEPT OF LABOR, UID  
Acct No xxxx  
PO BOX 15012  
ALBANY, NY 12212

NYS DEPT. OF TAXATION AND  
FINANCE  
Acct No xxxx  
BANKRUPTCY UNIT  
PO BOX 5300  
ALBANY, NY 12205

NYS WORKERS  
COMPENSATION BOARD  
Acct No 6515  
PO BOX 5529  
BINGHAMTON, NY 13902

ODK CAPITAL, LLC D/B/A  
ONDECK  
Acct No xxxx  
4700 W. DAYBREEAK PKWY, STE. 200  
SOUTH JORDAN, UT 84009

PATTISON SAMPSON  
GINSBERG & GRIFFIN  
Acct No xxxx  
PO BOX 208  
TROY, NY 12180

RELIN, GOLDSTEIN & CRANE,  
LLP  
Acct No 1006  
28 EAST MAIN ST., STE. 1800  
ROCHESTER, NY 14614

SARATOGA EAGLE  
DISTRIBUTORS  
Acct No 4221  
45 DUPLAINVILLE RD.  
SARATOGA SPRINGS, NY 12866

SBA  
Acct No 7450  
PO BOX 3918  
PORTLAND, OR 97208

SOUTHERN GLAZER'S WINE &  
SPIRITS  
Acct No 1006  
6012 COUNTY FARM RD.  
BALLSTON SPA, NY 12020

SUNBELT RENTALS, INC.  
Acct No 0440  
PO BOX 409211  
ATLANTA, GA 30384

TITAN ROOFING, INC.  
Acct No xxxx  
200 TAPLEY ST.  
SPRINGFIELD, MA 01104

TROY ARCHITECTURE  
PRACTICE PLLC  
Acct No xxxx  
210 RIVER ST.  
TROY, NY 12180

US DEPT. OF TREASURY  
Acct No 6473  
PO BOX 979101  
SAINT LOUIS, MO 63197

US SMALL BUSINESS  
ADMINISTRATION  
Acct No 8003  
ATTN: BANKRUPTCY  
409 3RD ST. SW, FLOOR 2  
WASHINGTON, DC 20416

WELLS FARGO AUTO CRE  
Acct No 3802  
PO BOX 71092  
CHARLOTTE, NC 28272